

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 229

1. PLACE OF DEATH:

(a) County Butler  
(b) City or town Poplar Bluff  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Poplar Bluff Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME DOYLE CLARK

3. (b) If veteran, name war no 3. (c) Social Security No. 496-12-4838

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Bessie Clark 6. (c) Age of husband or wife if alive 40 years  
7. Birth date of deceased June 13 1902  
(Month) (Day) (Year)

8. AGE: Years 38 Months 11 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Piedmont Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER { 12. Name Henry Clark  
13. Birthplace Wayne Co. Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Rebelle Tyndale  
15. Birthplace Wayne Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Bessie Clark  
(b) Address Piedmont, Mo.  
17. (a) Burial (b) Date thereof 6-5-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation SPARKS Cem. NEAR Piedmont

18. (a) Signature of funeral director N. W. Lish  
(b) Address Naylor, Mo.  
19. (a) 6/4/41 (b) Kate Lutz  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wayne  
(c) City or town Piedmont  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 1  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3 1941  
year 3 hour 15 minute 0 A. M.

21. I hereby certify that I attended the deceased from June 2 1941 to June 3 1941  
that I last saw him alive on June 2 1941  
and that death occurred on the date and hour stated above.  
Immediate cause of death Lobar Pneumonia - 2 wks.  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to 105

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. Signature R. H. Lish (M. D. or other) MD  
Address Poplar Bluff, Mo. Date signed 6/3/41

RECEIVED

District Health Officer No. 2,

District File Number 741-854

Date Filed 2/10/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Bryan C. McCord*

Licensed Embalmer No. 4079

P. O. Address Maylor, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**